



New Jersey Department of Children and Families Policy Manual

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The Review and Analysis of Facts Gathered 6-30-2005

Follow-up for cases identified as high risk -- Following the initial field contact, the assigned Worker and Supervisor conference the investigation, evaluate the information that has been gathered, and outline the next steps. Review the results of the CP&P Form [22-22](#), New Jersey CP&P SDM™ Child Safety Assessment, the CP&P Form [22-23](#), New Jersey CP&P SDM™ Family Risk Assessment, and any other tools used. If the case is identified as very high risk or high risk, the following steps are taken:

- The assigned Worker and Supervisor promptly conference the case with the Casework Supervisor.
- The Casework Supervisor conferences the case with the Worker and Supervisor thereafter on a weekly basis until risk is substantially reduced or eliminated.
- The Local Office Manager is advised verbally of the case situation.
- The verbal notification is followed as soon as is reasonable with a brief written note.
- The case may not be taken out of the very high risk or high risk category without the Casework Supervisor's written approval. Use the CP&P Form [22-26](#), New Jersey CP&P SDM™ Family Risk Reassessment for In-Home Cases, to reassess risk. See Family Risk Assessment in [CP&P-III-B-6-600](#), Harm or Risk of Harm below, and [CP&P-II-C-5-700](#), Indicators of Risk and Child Abuse.
- Safety and/or case plans are developed or amended as appropriate, to reduce or eliminate the identified safety and risk factors. For safety plan information see [C&P-III-B-6-600](#), Child Safety Assessment (In-Home) or [CP&P-IV-A-2-100](#), Assessing Child Safety in Out-of-Home Placement Settings; for case plan information, see [CP&P-III-B-1-100](#), Case Planning.

- The service needs of all family members must be assessed and interventions begun to ensure the continued safety and well-being of the child and improve family functioning on a longer-range basis. Service needs and providers are specified on the safety and/or case plan developed.

In addition to determining, what harm the child has suffered or is at risk of suffering and taking action to ensure the current safety of the child; the Worker and Supervisor must also make a finding as to whether the child is an abused or neglected child.

Harm or Risk of Harm 4-1-2013

The assigned Worker determines whether a child has been harmed or is at substantial risk of harm -- As the Worker completes the initial interviews with the family and collaterals and completes the appropriate SDM™ tools, the Worker begins to make preliminary decisions about how much risk to children there may be in the home, and what must be done to reduce or eliminate the risk to them and ensure their safety. The Worker and Supervisor decide whether the children can safely be left in the home while the investigation continues. If the Worker determines there is the potential for serious or immediate further harm to any child, and decides that the risk cannot be eliminated, the Worker consults immediately with the Supervisor about what further steps to take. If present risk of harm is obvious and imminent, the Worker removes the children first and consults with the Supervisor after the removal and whatever additional emergency steps need to be taken -- e.g., emergency medical treatment for the child.

Use the CP&P Form [22-22](#), New Jersey CP&P SDM™ Child Safety Assessment:

- To assess whether any child(ren) in a family residing at home is currently safe or in danger, to determine what action CP&P needs to take to provide protection
- Upon investigating a CPS allegation on a family previously unknown to CP&P, a reopened case, or a new CPS allegation in an open case
- Whenever new information is learned on a case in open status that indicates a threat to the safety of a child.

The following questions must be answered for each allegation brought to the attention of CP&P:

- Was the child harmed and how substantial is that harm?
- Was/is there risk of the child being harmed and how substantial was/is that risk?
- Is the child in imminent danger of physical, mental, and/or emotional impairment?

The Worker considers the presence and kind of evidence and the conditions that could cause physical or emotional harm. Look for physical or emotional harm, and for

physical signs of injury and/or other directly observable indicators of maltreatment. Harm or risk of harm may result from physical conditions in the home, from failure to exercise reasonable judgment, or failure to provide a child's basic physical or emotional needs.

Identify the perpetrator -- Where the perpetrator is not a parent of the child, what has the parent done to protect the child from that perpetrator or how did the parent's actions or inactions contribute to the harm or risk of harm? Where the parent is the perpetrator, what role, if any, did the other parent play in contributing to or mitigating the risk to the child?

A child (a person under age 18) may be a perpetrator of child abuse or neglect. Child sexual abuse is an example. See [CP&P-II-B-1-550](#), Child on Child Sexual Abuse, and [CP&P-II-B-1-600](#), Child-on-Child Sexual Activity.

Interviews with eyewitnesses to an incident, treating physicians, family members, and other involved individuals, and the child all provide information and facts.

In some cases, the harm is obvious; e.g., observable physical injuries or physical evidence of neglect, or an infant with severe untreated diaper rash. Risk is not always so evident. In many cases the assessment will be dependent upon variables such as the age of the child, his health, his maturity, on collateral information, or circumstantial evidence.

Risk is determined by use of the CP&P Form [22-23](#), New Jersey CP&P SDM™ Family Risk Assessment, composed of a neglect assessment index and an abuse assessment index. Assess risk based on the following:

- Conditions that exist at the time the incident is reported and investigated
- The prior history of the family.

Evaluate why and how a parent/caregiver acted; i.e., whether his or her actions or inactions were necessary or justified, reasonable or appropriate.

Children are sometimes injured even though their parents/caregivers are acting appropriately. This may occur, for example, when a parent acts in either self-defense against a child who is assaulting him, takes action to prevent an assault on someone else, or acts to prevent the child from harming himself or to protect the child from a greater harm. When this occurs, the assigned Worker must consider whether or not the injury/risk was an accident. He must also consider whether or not the parent's/guardian's/caregiver's/ temporary caregiver's/institutional caregiver's explanation of the injuries or harm is plausible.

Medical documentation, x-rays, witness observations are considered or compared with the explanation, as are other variables such as the size, functional level, behavior of the

child. The physical circumstances in which the incident occurred are also taken into account.

The Worker must also consider the circumstances of the parent's intervention with the child; i.e., why did the parent intervene or act?

An intervention is (usually) an action taken to correct or modify another action. For example, if a child is engaging in behavior that is likely to cause harm to himself or others, it may be necessary to restrain him or to otherwise intervene. Thus, the appropriateness of the intervention used (e.g., grabbing by the arm, effecting a headlock) must be assessed in relation to the need (justification) for intervention.

A parent may fail to act, thus allowing the child to be abused or neglected, i.e., the parent as a "passive perpetrator." See [CP&P-II-C-6-100](#).

The Worker must also consider how the parent conducted himself; i.e., was the intervention reasonable and appropriate?

Intervention is appropriate when it is suitable and relevant to the child and the situation. Factors such as the child's age, size, presenting problems, functional level, safety of technique, amount of force, duration of intervention, and area of body affected, must be taken into account when assessing the actions of the parent. The use of corporal punishment always raises the level of risk. The use of an instrument always raises the level of risk.

Harm is not accidental if the action was inappropriate or unjustified. An injury is not accidental if an intentional act produces an unintended result. Thus, a parent, caregiver, or any other person who physically disciplines a child may have committed child abuse even though the resulting injury was not intended. Remorse for an incident that lead to the child being harmed does not diminish the act of abuse. See [CP&P-II-C-4-200](#) and N.J.A.C. 10:129-5.1.

The CP&P Form [22-26](#), New Jersey CP&P SDM™ Family Risk Reassessment for In-Home Cases, is used for families in which all children remain at home (i.e., not in placement) to reassess risk and evaluate a family's progress toward fulfilling the case plan and achieving its case goal(s). See [CP&P-III-B-6-600](#).

The case plan is used to document the identified risk factors, the services needed to address the risk, the persons or programs who will provide the needed services, and the time frames for accomplishing these tasks. See [CP&P-III-B-1-100](#), Case Planning.

Risk Related to Substance Use Disorder 2-27-97

Substance use disorder is always an indicator of risk. A parent who chronically uses substances cannot safely care for a child of pre-school age or younger. Risk is reduced if there is another adult living in the home who is reliable and vigilant; who does not use

substances; who is willing, able, and available around the clock to provide care when the abusing parent is under the influence; who is physically capable of providing care and protection to the child.

If the child is under the age of ten, the risk of harm from a substance-using parent remains very great, and even adolescents are vulnerable.

When the parent is chronically using drugs or alcohol his or her judgment is impaired. He or she may go out and leave the child alone. Even if the parent stays home, he or she may not be able to cope with an emergency that might arise. If the substance is alcohol or one of the narcotic substances such as heroin, the abuser may lapse into unconsciousness, leaving a young child completely vulnerable. Even a brief period of intoxication creates a window of opportunity for disaster.

Both alcohol and cocaine often trigger angry and violent behavior in some persons -- the "nasty drunk" syndrome. Alcohol use and cocaine use both correlate with physical abuse and domestic violence. Both alcohol and cocaine also appear to lower normal sexual inhibitions and correlate with child sexual abuse. Sexual abuse and/or physical abuse may occur when a mother, who is a chronic substance user, indiscriminately brings substance-using sexual partners into contact with children. Children may also be placed at risk when taken to unsafe places to purchase drugs. Substances may be purchased with money needed for medical care, food, heat, and utilities, resulting in situations of extreme risk. Substance use disorder may lead to prostitution and other forms of crime.

Substance use disorder, especially the use of crack cocaine, plays a large role in child abuse and neglect. To conduct an adequate investigation requires the Worker to have increased knowledge about substance use disorder, about how people act when they use substances, and it requires skills for working with chronic substance-using parents and caregivers. A Worker investigating child abuse/neglect allegations must be extremely vigilant when substance use disorder is a factor in a family. It requires confrontation of the promises and assurances that chronic substance-using parents give about their level of use, about their intentions to stop, and about how well they are coping. It requires careful evaluation of whether young children should remain at home. It requires extra protections for the children who do remain at home.

Very High Risk and High Risk Cases 11-21-2011

Some types of situations present extreme outside risk to children. See Family Risk Assessment in [CP&P-III-B-6-600](#), CP&P Structured Decision-Making (SDM).

Assessing Emotional Abuse/Neglect 4-1-2013

In order to determine whether or not a child's behavior and the parent's or caregiver's conduct are indicative of emotional abuse/neglect, the child may need to undergo

physical, psychological, and neurological testing to rule out any organic causes for the child's behavior.

See [CP&P-II-C-5-700](#), Conditions That May Be Related to Emotional Abuse or Emotional Neglect.

Assessment of Family Service Needs 4-1-2013

As the State child welfare agency, the Division of Child Protection and Permanency has the additional responsibility of conducting a child welfare assessment simultaneous with a child protective service investigation.

Thus, whatever the investigation findings (Substantiated, Established, Not Established, or Unfounded) an assessment is made as to whether there are concerns regarding child welfare issues, risk of future child abuse or neglect, and what services are needed.

Even when an allegation is Unfounded, the assigned Worker may find that there are service needs and/or other concerns which place or may place the child at risk of harm in the future. Such concerns may include the parent's, guardian's, caregiver's, temporary caregiver's or institutional caregiver's judgment, child care and parenting skills, or general functioning and abilities, any of which can impact negatively on the child's growth and development.

When the Worker has any concerns about the functioning or well-being of a family, those concerns are identified and discussed with the parent. Services are suggested and offered, as available, and a case plan is completed or amended, as appropriate.

If the parent declines services, the case is terminated unless the situation meets the criteria for court intervention. See [CP&P-I-A-1-100](#).

The assigned Worker documents concerns regarding the family or any of its members in the investigation report (Investigation Summary, DCF Form [2-1](#), completed in NJS), electronic case record, Contact Activity Notes, etc.

The assigned Worker makes preliminary observations about what services the family needs or wants and is willing to accept, and how the provision of specific services will alleviate risk and help the parents care for their children safely. The Worker uses observation skills to begin to identify areas in which the family can benefit from help. The Worker and Supervisor plan the longer-term intervention (i.e., determine whether to open a service case), when warranted.

In evaluating the family, the Worker identifies its areas of strength--in which the family as a whole or in which individual family members function well. These areas of strength can be used to form a base on which the family can eliminate the risk to their children, with the help of the Division and other service providers. It is important for the Worker in building his or her relationship with the family (and important to the family's esteem as

well) to point out to family members the areas in which they do well in addition to those behaviors which must change in order to eliminate risk to the children. See Structured Decision-Making policy, discussion of parents' and children's strengths and needs, risk assessment, etc. at [CP&P-III-B-6-600](#).

Extended family members may become an important resource to the family by assisting with concrete tasks, by helping with child care and transportation, and by providing advice and moral support. Sometimes the availability of an extended family member or his or her actual presence in the home gives some assurance that a child will remain safe. Relatives and friends must be evaluated very carefully since:

- substance use disorder, child abuse and neglect, family violence, prostitution, and other endangering behaviors are often intergenerational. The Worker needs to be certain that extended family "resources" do not share the same endangering behaviors as the offending parents, and are not in sympathy with endangering behaviors;
- the relative/friend resource must be willing to intervene decisively to protect the child when, and if, the parent or caregiver threatens the child;
- the relative/friend must have the authority and the ability to protect the child, for example, a maternal grandmother who has historically been unable to control her substance-abusing daughter's behavior cannot guarantee her grandchild's safety, if she is not able to control her daughter's behavior.

A parent's paramour requires special consideration. Is the paramour to be included in the service plan, or does he or she present risk to the child or family? See related policy at [CP&P-II-C-5-185](#).

The Worker conducts a police check and an NJS search for all who will have child caring responsibilities or whom the Worker wants to use as a protective resource for the child. When a parent has a paramour who is alleged to have physically abused a child, conduct a Promis/Gavel check, to ascertain whether the paramour has a criminal history. (Note: The SCR Screener conducts the Promis/Gavel check when a paramour is identified as an alleged perpetrator of physical abuse at screening. See [CP&P-II-A-1-100](#).) If the child will be living with the relative or friend, other persons living in the prospective caregiver's home must be identified, and police checks for them must be conducted.

Over the course of the investigation, the Worker identifies and documents any significant differences in family members' awareness or perception of the problem(s), as well as any differences in family members' willingness to cooperate in developing a service/action plan.

Statutory Requirement to Refer for Early Intervention System Services 8-5-2013

Child Abuse Prevention and Treatment Act (CAPTA) - an amendment to the Federal law, 42 U.S.C. § 5106a, effective June 25, 2004, requires CP&P to refer a child under the age of three years to early intervention services, when child abuse/neglect is found.

In accordance with the Department's four-tier finding determination policy, CP&P shall refer each child under the age of three (3) years, who is involved in a substantiated or an Established case of child abuse/neglect, to early intervention services (EIS). See [CP&P-II-C-6-100](#), CPS Investigation Findings.

In New Jersey, the program is known as **NJ EIS**. See [CPP-V-A-5-200](#).